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IH	A Cotton Aid		Application Number	10/631.	124					
	TRANSMITTAL		Filing Date	7/31/03						
	FORM	First Named Inventor	Koli	<u> </u>						
	(to be used for all correspondence after initial filing)		Art Unit							
		Examiner Name								
	Total Number of Pages in This Submission		Attorney Docket Number	CLM	-7R					
	ENCLOSURES (Check all that apply)									
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)	Remar		to Ap of Ap (A) Pro Sta Ide	ter Allowance communication Group ppeal Communication to Board Appeals and Interferences ppeal Communication to Group ppeal Notice, Brief, Reply Brief) oprietary Information atus Letter her Enclosure(s) (please entify below):					
	Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	- Assignment, Short under 37 CFR, recordation cover exceet, declaration - Reguest for corrected filing receipt								
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	I hereby certify that this correspondence is be sufficient postage as first class mail in an enverthe date shown below.	eposited with the	United States Postal Service with 0, Alexandria, VA 22313-1450 on							
	Typed or printed name HEIDI									
	Signature	seid	i Williams		Date 11 - 22 - 03					

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NON 5 8 5003 PTO/SB/17 (05-03) Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known **FEE TRANSMITTAL Application Number** Filing Date for FY 2003 First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. CLM -METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Other 3. ADDITIONAL FEES Credit card None Check Order Large Entity _I Small Entity **Deposit Account:** Fee Fee Fee Fee **Fee Description** Deposit Code (\$) Code (\$) Fee Paid Account 65) Surcharge - late filing fee or oath 1051 130 2051 Number Deposit 2052 Surcharge - late provisional filing fee or 1052 50 Account cover sheet Name 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) 1812 2.520 For filing a request for ex parte reexamination 1812 2,520 Charge fee(s) indicated below Credit any overpayments 1804 920 1804 920* Requesting publication of SIR prior to Charge any additional fee(s) during the pendency of this application Examiner action Charge fee(s) indicated below, except for the filing fee 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action to the above-identified deposit account. 1251 110 2251 55 Extension for reply within first month **FEE CALCULATION** 205 Extension for reply within second month 1252 410 2252 1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month Large Entity Small Entity Fee Fee **Fee Description** Fee Paid Fee Fee 1254 1,450 2254 725 Extension for reply within fourth month Code (\$) Code (\$) 1255 1,970 1985 Extension for reply within fifth month 2255 1001 750 2001 375 Utility filing fee 1401 320 2401 1002 330 160 Notice of Appeal 2002 165 Design filing fee 320 1003 520 2003 260 1402 2402 160 Filing a brief in support of an appeal Plant filing fee

1004 750	2004 375		Reissue filing fee		1403	280	2403	140	Request for oral nearing	
1005 160	60 2005 80 Provisional filing fee				1451	1,510	1451	1,510	Petition to institute a public use proceeding	
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~			xtra Claims below	Fee Paid	1502	470	2502	235	Design issue fee	
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1202 18 1201 84	2202 2201	9 42	Claims in excess of 20 Independent claims in ex	cess of 3	1809	750	2809		Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280	2203	140	Multiple dependent claim	, if not paid	1810	750	2810	375	For each additional invention to be	
1204 84	2204	42	** Reissue independent over original patent	claims	1801	750	2801	375	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
1205 18	2205	9	** Reissue claims in exce and over original pater		1802		1802	900	,	
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**or numbe	OTAL (2) (\$) if greater; For Reissues, s	sée above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$))5 —		

SUBMITTED BY (Complete (if applicable) Registration No. EIGH P GBEGORY 33,24 Telephone 864-654-1080 Name (Print/Type) (Attorney/Agent) Signature Date 191103

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